UNITED STATES DISTRICT COURT

for the

Northern Distr	ict of New York
Jane Doe on behalf of herself and her minor child, et al.)))
Plaintiff(s)))
v.	Civil Action No. 1:20-CV-0840 (BKS/CFH)
Howard Zucker, in his official capacity as Commissioner of Health for the State of New York, et al.)
Defendant(s)))
SUMMONS IN A	CIVIL ACTION
To: (Defendant's name and address) COXSACKIE-ATHENS SCH	IOOL DISTRICT, 24 Sunset Blvd, Coxsackie, NY 12051
*** RANDALL SQUIER, Superir Blvd, Coxsackie, NY 12051	ntendent, Coxsackie-Athens School District, 24 Sunset Coxsackie-Athens High School, 24 Sunset Blvd,
A lawsuit has been filed against you.	
Within 21 days after service of this summons on you are the United States or a United States agency, or an officer P. 12 (a)(2) or (3) — you must serve on the plaintiff an answ the Federal Rules of Civil Procedure. The answer or motion whose name and address are: Sussman & Associates 1 Railroad, Suite 3 PO Box 1005 Goshen, NY 10924	er to the attached complaint or a motion under Rule 12 of
If you fail to respond, judgment by default will be en You also must file your answer or motion with the court.	stered against you for the relief demanded in the complaint.
Date: 07/27/2020	V s/ Helen M. Reese
· Mithelestations	Signature of Clerk or Deputy Clerk

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Civil Action No. 1:20-CV-0840 (BKS/CFH)

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

This summons for (no	me of individual and title, if any)		
eceived by me on (date)			
☐ I personally serve	d the summons on the individual a	t (place)	
			; or
☐ I left the summons	s at the individual's residence or us	sual place of abode with (name)	
		of suitable age and discretion who re-	sides there,
on (date)	, and mailed a copy to the	ne individual's last known address; or	
☐ I served the summ	ons on (name of individual)		, who is
designated by law to	accept service of process on behal	f of (name of organization)	
		on (date)	; or
☐ I returned the sum	nons unexecuted because		; or
☐ Other (specify):	file to be seen or up to the hand		, 01
My fees are \$	for travel and \$	for services, for a total of \$	
37 The control of the	A	Tor services, for a total or p	0.00
I declare under penalt	y of perjury that this information is	s true.	
		Server's signature	
	No.		
	Name and the state of the state	Printed name and title	
		Printed name and title	
		Printed name and title	

Additional information regarding attempted service, etc: